

CLIENT 9870

THOMAS R. SOULE, C.P.A.
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NORTH HOLLYWOOD, CA 91607-2350
(818) 980-7867

November 2, 2015

HOLLYWOOD MEDIA DISTRICT PROPERTY
OWNERS' ASSOCIATION
1040 N. LAS PALMAS AVE
HOLLYWOOD, CA 90038

Dear Client:

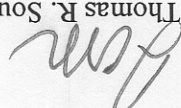
Your 2014 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2014 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. There is a balance due of \$10 payable by December 15, 2015. Mail your California payment voucher, Form 3586, on or before December 15, 2015 to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0531

Please be sure to call us if you have any questions.

Sincerely,


Thomas R. Soule, CPA

Return of Organization Exempt From Income Tax
Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending

B Check if applicable:		C	
<input type="checkbox"/> Address change	HOLLYWOOD MEDIA DISTRICT PROPERTY		
<input type="checkbox"/> Name change	OWNERS' ASSOCIATION		
<input type="checkbox"/> Initial return	1040 N LAS PALMAS AVE		
<input type="checkbox"/> Final return/terminated	HOLLYWOOD, CA 90038		
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			
F Name and address of principal officer:		Same As C Above	
I Tax-exempt status		501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) 4947(a)(1) or 527	
J Website: WWW.MEDIADISTRICT.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1998 M State of legal domicile: CA	
G Gross receipts \$ 1,028,869.		H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
E Telephone number (323) 860-0088		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D Employer identification number 95-4779871		If "No," attach a list. (see instructions)	

Part I Summary	
1 Briefly describe the organization's mission or most significant activities: THE PROMOTION AND IMPROVEMENT OF THE HOLLYWOOD MEDIA DISTRICT IN LOS ANGELES, CALIFORNIA.	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a). 19	
4 Number of independent voting members of the governing body (Part VI, line 1b). 19	
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 2	
6 Total number of volunteers (estimate if necessary) 20	
7a Total unrelated business revenue from Part VIII, column (C), line 12. 0.	
b Net unrelated business taxable income from Form 990-T, line 34. 0.	
Prior Year Current Year	
1,054,254. 1,027,619.	1,056,664. 1,028,869.
8 Contributions and grants (Part VIII, line 1h)	
9 Program service revenue (Part VIII, line 2g)	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,410. 1,250.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,056,664.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25)	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,029,844. 1,080,957.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).	1,029,844. 1,080,957.
19 Revenue less expenses. Subtract line 18 from line 12.	26,820. -52,088.
Beginning of Current Year End of Year	
167,180. 230,244.	161,175. 109,087.
20 Total assets (Part X, line 16)	
21 Total liabilities (Part X, line 26)	6,005. 121,157.
22 Net assets or fund balances. Subtract line 21 from line 20.	

Part II Signature Block	
Under penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	
Signature of officer	MIKE MALICK
Date	11/2/15
Print/type preparer's name	Thomas R. Soule, CPA
Firm's name	Thomas R. Soule C.P.A.
Firm's address	12520 Magnolia Blvd, Suite 212 North Hollywood, CA 91607-2350
Firm's EIN	953269294
Phone no.	(818) 980-7867
Check <input checked="" type="checkbox"/> if self-employed	PTIN P00008524
Check <input checked="" type="checkbox"/> if	
Preparer's signature	
Date	11/2/15
Type or print name and title.	President

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

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1 Briefly describe the organization's mission:
THE PROMOTION AND IMPROVEMENT OF THE HOLLYWOOD MEDIA DISTRICT IN LOS ANGELES, CALIFORNIA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total by expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 655,529. including grants of \$) (Revenue \$)
SECURITY. DURING 2014, THE ORGANIZATION PROVIDED ADDITIONAL SECURITY TO POLICE AND PATROL THE DISTRICT.

4b (Code:) (Expenses \$ 250,874. including grants of \$) (Revenue \$)
CLEANING AND MAINTENANCE. INCLUDING THE REMOVAL OF TRASH, LITTER, GRAFFITI AND PRESSURE WASHING OF BUS STOPS AND SIDEWALKS IN THE DISTRICT.

4c (Code:) (Expenses \$ 164,028. including grants of \$) (Revenue \$)
COMMUNITY RELATIONS. THE ORGANIZATION SPONSORED EVENTS TO ENHANCE THE IDENTITY OF THE DISTRICT.

4d Other program services. (Describe in Schedule O.)
See Schedule O

(Expenses \$) (Revenue \$)

4e Total program service expenses 1,070,431.

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	2
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	X	3
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		4
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	X	5
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	X	6
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	X	7
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	X	8
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	X	9
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	10
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	X	12a
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	X	12b
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	X	13
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	14a
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	X	14b
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	X	15
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	X	16
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	X	17
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	18
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	X	19
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	X	20
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		20b

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a	24a	X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28a	X
		28b	X
		28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

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1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		1 a		0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		1 b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1 c		
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return		2 a		2
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b		X
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.		3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4 a		X
b If 'Yes', enter the name of the foreign country: ▶		4 b		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)				
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b		X
c If 'Yes', to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6 a		X
b If 'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6 b		
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7 a		
b If 'Yes', did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7 c		
d If 'Yes', indicate the number of Forms 8282 filed during the year		7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9 b		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12.		10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10 b		
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders.		11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?		13 a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13 b		
c Enter the amount of reserves on hand		13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?		14 a		X
b If 'Yes', has it filed a Form 720 to report these payments? If 'No', provide an explanation in Schedule O.		14 b		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. ☒

Section A. Governing Body and Management

1	Enter the number of voting members of the governing body at the end of the tax year.	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	19	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	19	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	19	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	19	
6	Did the organization have members or stockholders?	19	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	19	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	19	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	19	
a	The governing body?	19	
b	Each committee with authority to act on behalf of the governing body?	19	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	19	

10a	Did the organization have local chapters, branches, or affiliates?	19	
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	19	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	19	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	19	
12a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	19	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	19	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.	19	
13	Did the organization have a written whistleblower policy?	19	
14	Did the organization have a written document retention and destruction policy?	19	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	19	
a	The organization's CEO, Executive Director, or top management official	19	
b	Other officers or key employees of the organization	19	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	19	
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	19	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a	Did the organization have local chapters, branches, or affiliates?	19	
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	19	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	19	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	19	
12a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	19	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	19	
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a	The organization's CEO, Executive Director, or top management official	19	
b	Other officers or key employees of the organization	19	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	19	
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	19	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ☒ CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ☒ See Schedule O

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

☐ Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 - List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.
- ☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated organization amount of other compensation from the organizations
		Officer	Key employee	Highest compensated employee	Former	Institutional trustee	Individual trustee or director			
(1) WILLY ANABEL	5							0.	0.	0.
(2) MIKE MALICK	5							0.	0.	0.
(3) J.L. SINGER	5							0.	0.	0.
(4) RON GROPPER	5							0.	0.	0.
(5) CAROL CASSELLA	2							0.	0.	0.
(6) LAURIE GOLDMAN	5							0.	0.	0.
(7) Treasurer	0							0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours related to organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former	Highest compensated employee	Key employee	Officer	Institutional trustee			

(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1 b Sub-total			0.	0.	0.				
c Total from continuation sheets to Part VII, Section A			0.	0.	0.				
d Total (add lines 1b and 1c)			0.	0.	0.				
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization			0						

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.		3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.		4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.		5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSAL PROTECTION SERVICES 639 WILSHIRE BLVD LOS ANGELES, CA 90011	SECURITY	655,529.
HOLLYWOOD BEAUTIFICATION TEAM 1741 N. CHEROKEE AVE HOLLYWOOD, CA 900	STREET MAINTENANCE	250,874.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		2

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic individuals. See Part IV, line 22						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.	0.	0.
7	Other salaries and wages.	0.	0.	0.	0.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).						
9	Other employee benefits.						
10	Payroll taxes						
11	Fees for services (non-employees):						
a	Management	105,257.	94,731.	10,526.			
b	Legal						
c	Accounting.						
d	Lobbying.						
e	Professional fundraising services. See Part IV, line 17						
f	Investment management fees.						
g	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)						
12	Advertising and promotion						
13	Office expenses						
14	Information technology						
15	Royalties.						
16	Occupancy						
17	Travel						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings.						
20	Interest.						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization.						
23	Insurance.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
a	Security	655,529.	655,529.				
b	CLEANING & MAINTENANCE	250,874.	250,874.				
c	Special Projects	41,653.	41,653.				
d	IMPROVEMENTS & MARKETING	27,644.	27,644.				
e	All other expenses.						
25	Total functional expenses. Add lines 1 through 24e.	1,080,957.	1,070,431.	10,526.			0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)						

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

	Beginning of year	(A)
	End of year	(B)

1	Cash – non-interest-bearing	1	
2	Savings and temporary cash investments.	2	167,141.
3	Pledges and grants receivable, net.	3	
4	Accounts receivable, net.	4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.	6	
7	Notes and loans receivable, net.	7	
8	Inventories for sale or use.	8	
9	Prepaid expenses and deferred charges.	9	
10a	Land, buildings, and equipment: cost or other basis.	10a	
b	Less: accumulated depreciation.	10b	
11	Investments – publicly traded securities.	11	37.10c
12	Investments – other securities. See Part IV, line 11.	12	
13	Investments – program-related. See Part IV, line 11.	13	
14	Intangible assets.	14	
15	Other assets. See Part IV, line 11.	15	2.
16	Total assets. Add lines 1 through 15 (must equal line 34).	16	167,180.
17	Accounts payable and accrued expenses	17	6,005.
18	Grants payable.	18	
19	Deferred revenue.	19	
20	Tax-exempt bond liabilities.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.	22	
23	Secured mortgages and notes payable to unrelated third parties.	23	
24	Unsecured notes and loans payable to unrelated third parties.	24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	25	
26	Total liabilities. Add lines 17 through 25.	26	6,005.

27	Unrestricted net assets	27	161,175.
28	Temporarily restricted net assets.	28	
29	Permanently restricted net assets.	29	
30	Capital stock or trust principal, or current funds.	30	
31	Paid-in or capital surplus, or land, building, or equipment fund.	31	
32	Retained earnings, endowment, accumulated income, or other funds.	32	
33	Total net assets or fund balances	33	161,175.
34	Total liabilities and net assets/fund balances	34	167,180.

Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12).	1	1,028,869.
2	Total expenses (must equal Part IX, column (A), line 25).	2	1,080,957.
3	Revenue less expenses. Subtract line 2 from line 1	3	-52,088.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	161,175.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses.	7	
8	Prior period adjustments.	8	
9	Other changes in net assets or fund balances (explain in Schedule O).	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	10	109,087.

Part XIII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?			
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input type="checkbox"/> Yes <input type="checkbox"/> No	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?			
If the organization changed either its oversight process or selection process during the tax year, explain			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			
3b		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHEDULE O (Form 990 or 990-EZ)	
Department of the Treasury Internal Revenue Service	
Name of the organization HOLLYWOOD MEDIA DISTRICT PROPERTY OWNERS' ASSOCIATION	
Employer identification number 95-4779871	

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Form 990, Part III, Line 4d Other Program Services Description

COMMUNITY IMPROVEMENTS THE ORGANIZATION CONDUCTED THE PLANNING AND IMPLEMENTATION OF IMPROVEMENTS TO THE DISTRICT INCLUDING THE PLANTING OF TREES AND OTHER IMPROVEMENTS TO BEAUTIFY THE DISTRICT

Form 990, Part VI, Line 11b Form 990 Review Process

THE OFFICERS REVIEW THE TAX RETURN WITH JIM OMAHEN, THE OPERATIONS MANAGER.

Form 990, Part VI, Line 19 Other Organization Documents Publicly Available

ALL DOCUMENTS AVAILABLE TO THE PUBLIC.

Application for Extension of Time To File an
Exempt Organization Return

File a separate application for each return.
Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

☒

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only.

☐

income tax returns.

Enter filer's identifying number, see instructions

Name of exempt organization or other filer, see instructions.	HOLLYWOOD MEDIA DISTRICT PROPERTY OWNERS' ASSOCIATION
File by the due date for return. See instructions.	1040 N. LAS PALMAS AVE
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	HOLLYWOOD, CA 90038
Employer identification number (EIN) or Social security number (SSN)	95-4779871

Enter the Return code for the return that this application is for (file a separate application for each return).

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ LISA SCHECHTER

Telephone No. ▶ (323) 600-4353 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ tax year beginning 2014 or calendar year 2014

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Date _____

File	President
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Signature _____

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature and Verification must be completed for Part II only.

8 a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8 a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	b	\$
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	c	\$

State in detail why you need the extension

7 State in detail why you need the extension.

☐ change in accounting period

החלטת הוועדה להעביר את המסמך למשרד המשפטים, להחליט על הפיקוח והאחריות על המסמך, ולקבוע את המסלול המשפטי להגשת המסמך למשפטן.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

5	For calendar year 2014	or other tax year beginning	20	and ending	20
---	------------------------	-----------------------------	----	------------	----

4	request an additional 3-month extension of time until	11/15	20	15.
---	---	-------	----	-----

members the extension is for,

whole group, check this box.

[illegible][illegible]

UNIVERSITY OF CALIFORNIA

Fax No.

Telephone No. (323) 600-4353

Telephone No. (323) 600-4353

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

Application Is For	Form 990 or Form 990-EZ	01		Application Is For	Form 990 or Form 990-EZ
	Form 990-BL	02		Form 1041-A	08
	Form 4720 (individual)	03		Form 4720 (other than individual)	09
	Form 990-PF	04		Form 5227	10
	Form 990-T (section 401(a) or 408(a) trust)	05		Form 6069	11
	Form 990-T (trust other than above)	06		Form 8870	12

Enter the Return code for the return that this application is for (file a separate application for each return).

Type or print	Name of exempt organization or other filer, see instructions. HOLLYWOOD MEDIA DISTRICT PROPERTY OWNERS' ASSOCIATION	Employer identification number (EIN) or 95-4779871	Social security number (SSN) 95-4779871	File by the due date for filing your return. See instructions. Thomas R. Soule C.P.A. 12520 Magnolia Blvd, Suite 212 City, town or post office, state, and ZIP code. For a foreign address, see instructions. North Hollywood, CA 91607-2350
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Enter filer's identifying number, see instructions

Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

● If you are filing for an Additional (Not Automatic) 3-month Extension, complete only Part II and check this box.

☒

Date Accepted

TAXABLE YEAR

2014

Exempt Organizations

8453-EO

California e-file Return Authorization for

FORM

DO NOT MAIL THIS FORM TO THE FTB

Exempt Organization name		HOLLYWOOD MEDIA DISTRICT PROPERTY	
Identifying number		95-4779871	

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	1,028,869.
2	Total gross income (Form 199, line 8)	2	1,028,869.
3	Total expenses and disbursements (Form 199, Line 9)	3	1,080,957.

Part II Settle Your Account Electronically for Taxable Year 2014

4	<input type="checkbox"/> Electronic funds withdrawal	4a	Amount	4b	Withdrawal date (mm/dd/yyyy)
---	--	----	--------	----	------------------------------

Part III Banking Information (Have you verified the exempt organization's banking information?)

5	Routing number	6	Account number	7	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
---	----------------	---	----------------	---	---

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2014 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.

Sign Here

Signature of Officer	Date	Title
		President

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO's signature	Date	Check if self-preparer <input checked="" type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN
Thomas R. Soule C.P.A.				P000008524

ERO Must Sign

Firm's name (or yours if self-employed) and address	FEIN	ZIP Code
12520 Magnolia Blvd, Suite 212		CA 91607-2350

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer

Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN

Must Sign

Firm's name (or yours if self-employed) and address	FEIN	ZIP Code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2014

Part II Organizations with gross receipts of more than \$50,000 and private foundations

regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources		Expenses and Disbursements	
1	Gross sales or receipts from all business activities. See instructions	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side I, Part I, line 9
2	Interest	17	Other Expenses and Disbursements. Attach schedule
3	Dividends.	16	Depreciation and depletion (See instructions).
4	Gross rents.	15	Rents
5	Gross royalties.	14	Taxes.
6	Gross amount received from sale of assets (See instructions).	13	Interest
7	Other income. Attach schedule.	12	Other salaries and wages
8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side I, Part I, line 1.	11	Compensation of officers, directors, and trustees. Attach schedule.
9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	10	Disbursements to or for members.
10		9	
11		8	
12		7	
13		6	
14		5	
15		4	
16		3	
17		2	
18		1	

Schedule L Balance Sheets			
Beginning of taxable year		End of taxable year	
		(a)	(b)
1	Cash.	167,141.	230,244.
2	Net accounts receivable		
3	Net notes receivable.		
4	Inventories		
5	Federal and state government obligations.		
6	Investments in other bonds.		
7	Investments in stock		
8	Mortgage loans		
9	Other investments. Attach schedule.		
10 a	Depreciable assets.	640.	
b	Less accumulated depreciation	603.	37.
11	Land		
12	Other assets. Attach schedule.	2.	
13	Total assets.	167,180.	230,244.
Liabilities and net worth			
14	Accounts payable.	6,005.	121,157.
15	Contributions, gifts, or grants payable.		
16	Bonds and notes payable		
17	Mortgages payable.		
18	Other liabilities. Attach schedule.		
19	Capital stock or principal fund	161,175.	109,087.
20	Paid-in or capital surplus. Attach reconciliation		
21	Retained earnings or income fund		
22	Total liabilities and net worth.	167,180.	230,244.
Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books.	-52,088.	
2	Federal income tax.		
3	Excess of capital losses over capital gains		
4	Income not recorded on books this year.		
5	Expenses recorded on books this year not deducted in this return. Attach schedule.		
6	Total. Add line 1 through line 5.	-52,088.	
7	Income recorded on books this year not included in this return. Attach schedule.		
8	Deductions in this return not charged against book income this year.		
9	Total. Add line 7 and line 8.		
10	Net income per return.		
Subtract line 9 from line 6.			
			-52,088.

Attach to Form 100 or Form 100W. FORM 199

HOLLYWOOD MEDIA DISTRICT PROPERTY OWNERS ASSOCIATION

California corporation number 2220055

Part I Election to Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California.	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2015. Add line 9 and line 10, less line 12.	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or allowable in earlier years	Depreciation method	Life or rate	Depreciation for this year	Additional first year depreciation
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)

OFFICE EQUIPME								
7/01/2000								
0								

Part III Summary

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).	15	
16	Total: If the corporation is electing IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22.	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Amortization allowed or allowable in earlier years	R&TC section (see instr)	Period or percentage	Amortization for this year
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
20	Total. Add the amounts in column (g)						
21	Total amortization claimed for federal purposes from federal Form 4562, line 44.						
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.						
22							

Statement 1
Form 199, Part II, Line 7
Other Income

Other Investment Income.

\$ 1,250.
Total \$ 1,250.

Statement 2
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBF & DC	Expense Account/Other
WILL ANABEL 3579 E. FOOTHILL BLVD. #330 PASADENA, CA 91107	Secretary 5 00	\$ 0	\$ 0	\$ 0
MIKE MALICK 515 S FLOWER ST #500 LOS ANGELES, CA 90071	President 5 00	0	0	0
JL SINGER 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038	Asst Treasurer 5 00	0	0	0
RON GROEPER 1041 N MC CADDEN PL. HOLLYWOOD, CA 90038	Vice President 5 00	0	0	0
CAROL CASSELLA 846 N CAHUENGA BLVD. HOLLYWOOD, CA 90038	Vice Pres I 2 00	0	0	0
LAURIE GOLDMAN 320 N LA PEER DR. #307 BEVERLY HILLS, CA 90211	Treasurer 5 00	0	0	0
Total \$ 0.				

Statement 3
Form 199, Part II, Line 17
Other Expenses

CLEANING & MAINTENANCE.
IMPROVEMENTS & MARKETING.
Management fees
Security.
Special Projects.

\$ 250,874
27,644
105,257
655,529
41,653
Total \$ 1,080,957.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

For calendar year 2014, or fiscal year beginning _____ 2014, and ending _____

Do not send to the IRS. Keep for your records.

Name of exempt organization
HOLLYWOOD MEDIA DISTRICT PROPERTY OWNERS' ASSOCIATION

Employer identification number
95-4779871

MIKE MALICK
President

Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1	a Form 990 check here.	<input checked="" type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12).
2	a Form 990-EZ check here.	<input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9).
3	a Form 1120-POL check here.	<input type="checkbox"/> b Total tax (Form 1120-POL, line 22).
4	a Form 990-PF check here.	<input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part VI, line 5).
5	a Form 8868 check here.	<input type="checkbox"/> b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c).

Part III Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount shown on the copy of the organization's electronic return, I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Thomas R. Soule C.P.A. to enter my PIN 09870 as my signature

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

95966908524

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form — See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So